# FRESNO/KINGS/MADERA EMERGENCY MEDICAL SERVICES

# DEPARTMENT OF COMMUNITY HEALTH POLICIES AND PROCEDURES

Manual Subject	Emergency Medical Services Administrative Policies and Procedures  Prehospital Care Report	Policy Number 811 Page 1 of 21
References	Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective 01/01/82

#### I. POLICY

- A. Prehospital care reports shall be filled out completely, accurately, and legibly.
- B. A prehospital care report shall be completed for every dispatch for medical assistance.

### II. PROCEDURE

- A. Initiation of Prehospital Care Report
  - 1. A prehospital care report (PCR) will be initiated for each dispatch for medical assistance. If a patient is located by an arriving unit, a PCR will be completed with all applicable patient and response information. Only one PCR (for each patient) needs to be completed at the incident scene, however, the response information for each on-scene unit should be included on the report. If a call is cancelled, a PCR shall be completed with applicable response and cancellation information, whether the call was cancelled enroute or on the scene.
  - 2. If the patient refuses assessment, initiate a PCR and fill out whatever is possible, including which part of the assessment was refused. Refer to EMS Policies #546 and #814.
  - 3. Mental status is mandatory in all cases.
  - 4. Vital signs shall be documented on the PCR for every patient.
  - 5. In a multi-casualty incident (MCI), every person who has signs and/or symptoms or complaint of illness or injury shall have a patient assessment and a Triage Tag. A PCR will be completed on every patient. For RAS/AMA patients, refer to EMS Policies #546 and #814.

Approved By EMS Division Manager	Revision 01/01/2001
EMS Medical Director	

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- 6. Any patient who walks into a station of an ambulance or fire department manned by EMS personnel and is assessed and/or provided treatment, shall receive a complete patient assessment and shall be reported on a PCR. (The only exception to this is patients who fit into specific EMS Agency approved programs, i.e., blood pressure testing programs. In those cases, the EMT must follow the appropriate EMS policies related to this program.)
- 7. The PCR shall be utilized to document the circumstances related to a deceased patient (no resuscitation attempt). Documentation shall minimally include the following:
  - a. All times of arriving units.
  - b. Circumstances under which the victim was found and by whom.
  - c. Historical or physical findings which prompted no resuscitation efforts.
  - d. The patient's past medical history (if available), including any recent complaints which may be related to the death.
  - e. The agency to whom the victim was turned over.

The original section of the form (top, white copy) shall remain with the patient for the Coroner or patient's family if no Coroner is responding.

# B. Responsibility for Form Completion

- 1. Responses where the patient is transported.
  - a. The PCR will be initiated by the first arriving unit.
  - b. The first responder retains the blue copy of the PCR after, if applicable, signing over care to the transport unit. If both BLS and ALS first responders are at the scene, the blue copy is retained by the ALS first responder. The transport unit retains all other copies. Upon arrival at the hospital, the PCR is completed.
  - c. The individual who turns over patient care to the hospital staff is responsible for completing the PCR.
- 2. Responses where the patient is not transported.
  - a. If a patient is located, the findings of the assessment should be documented. Release-At-Scene (RAS)/Against-Medical-Advice (AMA) situations shall be managed according to EMS Policy #546 and documented consistent with EMS Policy #814.
  - b. If a transport unit is on scene, the first responder unit will retain the blue copy and the transport unit will forward the remaining PCR copies to their agency liaison.

If a transport unit is not on scene, the first responder will forward all copies of the PCR to their agency liaison.

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- 3. Responses where call is cancelled.
  - A PCR shall be completed for every cancelled call by the responding unit. This includes units involved in a rendezvous, whose prehospital personnel must initiate a PCR to document their call as "cancelled" when their involvement in patient care is terminated. All copies of the PCR shall be forwarded to the agency's liaison.

## C. Form Distribution

- 1. The top white copy is the original medical record and shall remain at the hospital as part of the patient's record. If the patient is not transported, the top white copy shall be given to the patient or patient guardian. If the patient is deceased, this copy shall be given to the Coroner or left with the patient's family if there is no Coroner response.
- 2. The second copy (white) is the ambulance agency's copy for maintaining a record of the call.
- 3. The reverse of the pink copy includes the patient outcome report form. Leave this copy at the destination emergency department.
  - <u>DO NOT</u> place the pink copy with the patient's chart; instead, locate the emergency department's file for patient outcome reports.
- 4. The blue copy is for the first responder agency (ALS or BLS).
- 5. The final hard copy will be submitted to the Fresno/Kings/Madera EMS Agency. The provider agency which has completed the form shall batch the EMS Agency copies by date and time and shall submit them each week.

### D. Form Retention

- 1. The top white copy is a medical record and should be retained with the patient's hospital records.
- 2. Provider agency copies shall be maintained for a minimum of four (4) years.
- E. Instructions for Completion of the PCR (front portion) The following instructions constitute the minimum information which shall be included on the PCR (see attached samples). The form should be completed in <a href="black">black</a> ink with a hard point pen. If changes are made to written documentation, strike out the text by drawing a <a href="single">single</a> line through the text, and record the time, date and initial the strikeout. If possible, avoid adding additional information to the PCR once the top white copy has been removed for the patient's chart.

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1. Response Information (Fig. 1)

AGENCY INC.	DATE	AMBULANCE	_EMS#	
				UNIT #
	ARRIVE SCENE	:	:	CALL REC'D
	:	:		UNIT ALERT
	PATIENT			EN ROUTE
	:			DISP PRIORITY
	1st Resp to Hosp ☐ YES ☐ NO	:	:	ARRIVE SCENE
		:	:	PATIENT CONTACT
			:	DEPART SCENE
				XPORT PRIORITY
		:		ARRIVE DEST
		:	:	CANCEL TIME
		□YES □NO	□YES □NO	RENDEV W/AMB
		# 1st RESP.  ARRIVE SCENE  PATIENT CONTACT  Ist Resp to Hosp	#AMBULANCE  ARRIVE SCENE : : : : PATIENT CONTACT : : : : : : : : : : : : : : : : : : :	#

- (fig 1)
- a. Date The date shall be included on all reports.
- b. EMS Dispatch Number Enter the EMS dispatch number on this line assigned by the County designated EMS communications center.
  - (1) If the ambulance is cancelled prior to its arrival, the first responder unit may obtain the EMS dispatch number by having their dispatch center contact the County designated EMS communications center.
  - (2) If a first responder transport capable vehicle transports a patient, the unit should contact the County designated EMS communications center as it leaves the scene so that times can be recorded and an EMS dispatch number can be issued.
- c. Agency Incident Number This space is provided to document the transport agency's incident number. This is <u>not</u> a substitute for the EMS dispatch number.
- d. Unit Information
  - (1) BLS (Public Safety First Aid) Unit Response ALS Ambulance Response Helicopter Response

Unit identification including the level of service, i.e., Fresno County units: E-11, E-33, B-501, A-112, or H-40; Kings County units: E-1, or A-623; Madera County units: E-12 or M-40.

If law enforcement is involved in patient care, note the agency involved under BLS unit - e.g., "E-2/F.P.D".

ıbject	Preh	ospital C	are Report		Policy Number 811
	(2)	units not ap throug the ye  Patien the pa	shall be document oplicable due to a ghost the unused boxes or no box to incut Contact Time - utient's side. This is should be synch	tted to the first responder, amb ted. No lines should be left bl non-transport or cancelled calces. At the bottom of the first dicate if the first responder we Enter the time of which the fi time will be obtained from the ronized with the Pac Bell (767)	ank, i.e., if some times and l, a line shall be drawn responder column, check not to the hospital.  The rest EMS person arrived a se EMS person's watch
	(3)	Dispa	tch/Transport Pri	orities - Document the transpo	ort unit's priorities related
		(a)	response and pati Dispatch prior	rities are as follows:	
			Priority 1:	An immediate response w	
			Priority 2:	3) for a presumed life-thre An immediate response w 3) for a presumed non-life	ith lights and siren (Code
			Priority 3:	An immediate response w (Code 2) for a presumed n emergent condition.	ithout lights and siren
			Priority 4:	A non-emergency respons (Code 2) for a urgent intertransport.	_
		(b)	Transport pric	orities are as follows:	
			Priority 1:	Cardiac and/or Respiratory lights/siren)	Arrest Patient (Code 3;
			Priority 2: Priority 3:	STAT Patient (Code 3; lig Non-STAT Patient (Code	
	(4)	Rende	ezvous with ALS	Ambulance or Helicopter	
		(a)	If a rendezvou	is takes place check the approp	priate box.
2.	Call Status (Fig	g. 2)			

(a) Check the applicable box on call status.

(fig 2)

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3. Patient Information/Patient Profile (Fig. 3)

PATIENT NAME	DOB	AGE MO G	ENDER WT
PATIENT ADDRESS		CITY	
OCATION SAME AS SPECIAL SAME AS ABOVE		TOTAL # OF PTS	ETA

(fig 3)

- a. All available patient information shall be documented including name, address and date of birth. The address shall be the patient's home address, including the city. If not attainable, indicate by writing "unknown".
- b. The patient's age shall be entered (approximate, if necessary). Check the appropriate box indicating the age is months or years.
- c. The appropriate information shall be entered in the boxes labeled "Gender", "WT".
- d. The location of the incident shall be documented by address or by cross streets. If the location is the same as the patient's address, check the "same as above" box. The location shall be documented for cancelled calls.
- e. The <u>total</u> number of patients involved in the incident shall be documented. This includes patients transported by other units or released at the scene.
- f. Enter the estimated travel time from the patient's location to the hospital in the box marked "ETA".
- 4. Base Hospital/Destination (Fig. 4)

BASE HOSPITAL FCH HCMC MCH	H □SAMC □UMC □VCH	□ NONE   BHP MICN	TIME
	ESTINATION PT/Family Close	sest Trauma/Burn Base propriate Criteria Hospital	☐ Private ☐ Law ☐ Diversion

(fig 4)

- a. Check the applicable box identifying the Base Hospital contacted. If no Base Hospital was contacted, check the box "none".
- b. The name of the Base Hospital Physician <u>or</u> MICN at the Base Hospital (via voice communication) shall be entered. Document the time base contact was made.
- c. The name of the hospital which received the patient shall be listed on the line stating "Destination". If the patient was Released-At-Scene or signed Against-Medical-Advice, check the appropriate box.

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- d. Destination Decision Check the appropriate box which corresponds with the <u>primary</u> factor used for the determination of destination.
- 5. Mental Status (Fig.5)

VERBAL RESPONSE (Pediatric)  5 5 5 Oriented & Converses (Coo, Babbles)  4 4 1 Disoriented & Converses (trritable Cries)  3 3 3 Inappropriate Words (Cries to Pain)  2 2 2 Incomprehensible Sounds (Moans to Pain)  1 1 1 No Response	MOTOR RESPONSE (Pediatric) 6 6 6 0bey Verbal Command (Spontaneous) 5 5 5 Localizes Pain (Withdraws to Touch) 4 4 Withdraws from Pain 3 3 1 Inappropriate Flexion (Abnormal Flexion) 2 2 2 Inappropriate Extension (Abnormal Extension) 1 1 No Response	EYE OPENING 4 4 4 Open Spontaneously 3 3 3 Open to Verbal 2 2 2 Open to Pain 1 1 No Response	LOC NO UNK YES X GCS #1 TIME #2 TIME #3 TIME	: : : :	: : : :	PATIEN CONTA DEPAR SCENE XPORT PRIOR ARRIVI DEST CANCE TIME RENDE W/AMB
			EXPLAIN		1	

(fig 5)

- a. Check the appropriate descriptions of patient's status under "verbal response", "motor response" and "eye opening" on all patients. Utilize the first column of numbers for the patient's initial mental status assessment.
- b. If the patient's mental status changes during the course of the call, utilize the second column of numbers for documenting verbal, motor and eye responses.
- c. Document if there was any loss of consciousness (LOC) and the duration of the LOC. If it is unknown if there was any LOC, check the box "unk".
- d. Calculate the Glasgow Coma Score (GCS) for the initial mental status assessment and, if applicable, second and third mental status assessment. Note the time for each.
- e. Describe any other factors related to the patient's mental status under "explain".

6. Chief Complaint (Fig. 6)

CHIEF COMPLAINT/N	ARRATIVE: BLS PERSON	INEL
ALS PERSONNEL		

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a. The patient's chief complaint shall be entered. This may be a brief or relatively detailed entry depending upon the patient's problem. The chief complaint should be at least a one sentence description of the patient's major problem. Information on mechanism of injury may be included in this section. First responder BLS personnel shall enter their initial chief complaint under BLS and initial their documentation. The met tag number (California State Fire Chiefs' Association Triage Tag) shall be included in the documentation of each Prehospital Care Report (PCR).

NOTE: A single entry of MVA, fall, illness, etc. are not to be used solely as a patient's chief complaint. A chief complaint shall briefly describe the signs and symptoms related to the patient complaint (i.e., "pulseless, non-breathing", "gunshot wound to the chest", "abdominal pain and vomiting", etc.).

- b. The "PQRST" or "PAST MED" mnemonics should be utilized for patients with complaints of chest pain/abdominal pain or respiratory distress respectively. These mnemonics are listed on the reverse of one of the copies of the PCR.
- c. <u>This section shall also be utilized to document any unusual occurrences which caused a delay in response time, making patient contact, initiating care, or initiating transport.</u>

EXAMPLES: Fog; scene not secure (include length of time unit held back); patient located on 6th floor; extrication time of \_\_\_ minutes; patient located in field \_\_\_ feet/yards from roadway; etc....

- d. For cancelled calls, this section shall be utilized to identify the call as "Cancelled" and to document the reason for the cancellation (i.e., "Cancelled at scene - By law enforcement" or "Cancelled enroute - Closer unit sent").
- 7. Mechanism of Injury/Cardiac Arrest (Fig. 7)

	☐ Restra	☐ Car vs Ped/ ints/Helmet ☐	] Ejected
☐ Car vs Statio	nary Obj.	☐ Single Ca	r/Roll
☐ Assault	□ GSW	☐ Stab	☐ Fall
☐ Other (explai	n in narrativ	e)	
CARDIAC ARI	REST INFO	9	
Witnessed/	Down t	 o CPR	
heard by	☐ Public	☐ Police ☐ F	Rescuer 🗆 None
CPR started by	☐ Public	☐ Police ☐ F	Rescuer 🗆 None
Time CPR Starte	ed		

(fig 7)

- a. MOI (Mechanism of Injury) Check the appropriate box selecting the mechanism of injury which resulted in the patient's condition. If no box corresponds to the injury, check "other" and write in the mechanism.
- b. Cardiac Arrest Information Check the appropriate box indicating who witnessed or heard the arrest and who started CPR. Enter the time CPR was started and document the down time to CPR in this area.

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8. Vital Signs - Vital signs shall be documented on the PCR for every patient. (Fig. 8)

TIME	R R Effort	Pulse OX	P	EKG	BP	CAP REFILL	PUPILS	SKIN	Sugar	В
	EFFORT							COLOR TEMP		
1	BR SOUNDS	1						MOIST		ı
	EFFORT							COLOR TEMP	- 1	$\overline{}$
1	BR SOUNDS	1						MOIST		Į
	EFFORT							COLOR TEMP		_
1	BR SOUNDS							TEMP MOIST		ı
	EFFORT							COLOR		_
	BR SOUNDS	1						TEMP MOIST		1

(fig 8)

- a. The time; respiratory rate, depth, regularity, effort, breath sounds, and pulse ox, if used on patient; pulse rate, strength, and regularity; blood pressure; capillary refill; pupil size and reaction; skin temperature, moisture and color; EKG rhythm; blood glucose; and the initials of the prehospital personnel who assessed the vital signs shall be recorded in the spaces provided.
- b. Vital signs shall be repeated at least every thirty minutes (15 minutes or less on a STAT or serious patient), if not ordered sooner by the Base Hospital.
- c. A hard copy of the EKG rhythm strip (6 second strip) shall be attached to the back of the top copy of the PCR.
- 9. Past Medical History (Fig. 9)

PMH ☐ CHF	☐ Denied☐ Angina	□ COPD	nown 🗆 C	ardiac (Unspecific) ☐ Hypertension	Psych
☐ Cancer	□ Seizure	es			 
				PVT M.D.	
MEDS [	] Denied	□ Unknow	n		
Allergies	☐ Denied	_ U	nknown		

(fig 9)

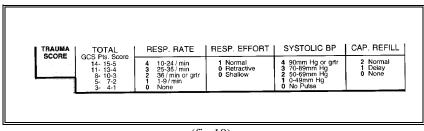
a. Past Medical History - The patient's past medical history shall be recorded in this area. Check the appropriate box or write in the patient's past medical history. If the patient has no significant past medical history or if the information is not available, check the appropriate box ("Denied" or "Unknown"). Additionally, if known, document the patient's private physician's name in the lower portion of this area.

NOTE: Sections 199.20 and 199.21 of the California Health and Safety Code prohibits

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the disclosure of HIV test results to any third party, except pursuant to a written authorization, in a manner which identifies the person to whom the test results apply. The results of HIV testing shall not be recorded on the PCR. A <u>diagnosis</u> of AIDS or ARC may be kept as part of the current medical record, documented on the patient's PCR, and may be reported during a call-in to the Base Hospital and/or during the turnover of patient responsibility to another health care provider. Patient confidentiality shall be practiced when making verbal reports for all patients.

- b. Medications Medications that have been prescribed for the patient by a physician shall be documented in this area. If the patient states that they are taking no medication or if the information is not available, check the appropriate box ("Denied" or "Unknown"). Furthermore, to decrease the potential for losing medications, EMS personnel should document on the PCR that medications were taken to the hospital and properly turned over to hospital staff. If, for some reason, the patient refuses to allow medications to be taken to the hospital, document on the PCR that the patient refused.
- c. Allergies Allergies that the patient has to medications shall be documented in this area. If the patient states that they have no allergies to medications or if the information is not available, check the appropriate box ("Denied" or "Unknown").
- 10. Trauma Score (Fig. 10)



(fig 10)

a. TS (Trauma Score) - For <u>all trauma patients</u>, enter their initial calculated trauma score. Refer to EMS Policy #813 for instructions for calculating trauma scores.

Trauma Triage Destination Criteria is listed by county on the reverse of one of the copies of the PCR.

11. Physical Exam (Fig. 11)

P.E.	
Head	□ WNL
Neck	□ WNL
Back	□ WNL
Chest	□ WNL
Abd	□ WNL
Pelvis	□ WNL
Limbs	□ WNL
Neuro	□ WNL

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a. List both pertinent positive and negative physical findings on the appropriate lines. If the physical exam is found to be "within normal limits", check the appropriate box(es) indicating such. If no documentation is made in this area, it's assumed that no physical exam was performed.

#### 12. Treatment

BLS	☐ Spine Imi	mobilization   Hem	morhage Control	AED ☐ Other			-	
	☐ Suction ☐ OPA	☐ NPA ☐ NC Rate	TIME	□ Mask w/R	es. Rate	TIME	□ BVM	□ OPBD
□ COMBI □ ET	# of Attempts	Successful						
COMBI ET	# of Attempts			Time	,			
COMBI ET	# of Attempts	SPITAL USE ONLY Require		Time	Ву			
☐ Proper Placement	Other (Explain)	SFITAL USE CINET	to or an panerio transportes to nospital w	MITE 1 1000		Signature		EDMD

(fig 12)

- a. BLS (Fig. 12)
  - (1) All "basic life support" care performed shall be documented in this area. This includes such care as spine immobilization (check box), splints, bandages, CPR (check box), etc. The time that basic life support care is initiated for each of these items shall also be documented following the specific procedure.
- b. Airway/oxygen (Fig. 12)
  - (1) Basic Airway If the patient required an oral or nasal airway or if the patient required suctioning, document by checking the appropriate box(es), including the time the skill was initially performed.
  - (2) Document the liters per minute, route of administration [nasal cannula, mask, oxygen powered breathing device (OPBD), etc.], and time oxygen therapy was initiated.
  - (3) Advanced Airway Document all advanced airway procedures (Combitube, ET, TTJI) attempted or successfully performed. Record the number of attempts and if the procedure was successfully performed, time the procedure was performed (last attempted or successful performed), and certification number(s) of the individual(s) who performed the procedure.

The receiving emergency department physician <u>must</u> sign the PCR on the EDMD line in order for the EMT-P to confirm a successful advanced airway procedure.

## c. IV Therapy (Fig. 13)

	TYPE	SOLUTION	GAUGE	LOCATION		RATE		Total IV Attempts	TIME	BY
#1 🗆 IV 🗆 IO	☐ Heplock/Saline Lock	1000ml LR			□ тко	Bolus	☐ Open			
#2 🗆 IV 🗆 IO		1000ml LR			□ тко	Bolus	☐ Open	Total ml infused		

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(1) Document the type of IV access initiated, the solution, gauge of needle, location of IV site, rate of infusion, the total number of attempts, the time the IV access was established, and the initials of the EMT-P who established the IV access.

Upon arrival at the hospital, document the total ml of IV fluid infused in the prehospital setting.

d. Other Treatment Procedures (Fig. 14)

TIME	TMT/MEDICATION	PANTA NA	RESPONSE	BY	TIME	TMT/MEDICA	TION	RESPONSE	В
				+					
								•	

(fig 14)

- (1) Document the time, the treatment/procedure administered and the response to the treatment/procedure. The individual who administered the treatment/procedure shall initial on the same line under "by".
- (2) This section may also be used by hospital or prehospital personnel to document procedure (IV, ET etc.) complications.
- 13. On Scene Personnel (Fig. 15)

INITIALS	EMT	NAME	C	ERT	#	Ą	C/T/TC	D/TL/MS
			-	-	3 1 1 3 7 1 3 3		<u> </u>	

(fig 15)

a. The names and certification numbers for the personnel involved in the call, including those cancelled, shall be documented on the PCR. Each individual should initial the form so that an example is available for identifying initials in the treatment sections. If there are more than 4 individuals (ALS/BLS) involved in patient care, all ALS personnel shall be documented.

The A/C/TO/TL/MS column identifies the individual's primary responsibilities related to the patient. The following abbreviations are utilized:

"A" ssessment

"C" Call-In

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"T" Treatment

"TO" Precepting EMT-P Interns or evaluating EMT-Ps

"TL" Team Leader (if the team leader designation changes during a call, due to a turnover of responsibility, the succeeding team leader shall record the number "2" after the letter "TL" The team leader who last signs the PCR is responsible for its completion).

"MS" Medical Supervisor providing medical operations coordination at the scene of a multi-casualty incident.

NOTE: In the case of a multi-casualty incident, the team leader shall be listed on the PCR in order to identify the individual who had primary responsibility for the care of the patient described on the PCR. The medical supervisor who provided medical coordination of the incident shall also be listed on the PCR.

## 14. Transfer Section (Fig. 16)

TF	RANSFER SECTION	
FROM	AGENCY	<u> </u>
TO	AGENCY	TIME
TO	AGENCY	TIME
Rec by	HOSPITAL CONTINUED ON ADDITIONA	TIME

(fig 16)

- a. This section documents the changes, should they occur, in patient care responsibilities between EMS personnel and the transfer of the patient to the receiving hospital. (Fig. 19)
- b. There shall always be an entry in this section.
- c. The initial responder has patient care responsibility and shall initiate a PCR. This individual is designated the "team leader" and shall coordinate the medical response of other EMS personnel on-scene. If the initial responder is BLS level, upon arrival of an ALS level responder, the team leader designation shall be turned over to the highest certified responder. Refer to EMS Policy #542.
- d. The initial team leader shall sign on the first line.
- e. If team leader designation changes during a call, the succeeding team leader shall sign and record the time of the change in designation on line below the previous team leader's signature.
- f. The last team leader to sign the PCR ultimately has responsibility for filling out the PCR completely.
- g. The receiving hospital shall sign on the last line as received by their hospital and the time received. This area shall also be used for turnover of responsibility to coroner/law enforcement for scenes with deceased victims.

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h. In the event more than one PCR is utilized for a patient, check the box (CONTINUED ON ADDITIONAL FORM) at the bottom of each PCR.

## F. Patient Data Report (Scantron Form)

1. Instructions for Completion of Scantron Form (if applicable)

The reverse of the hard copy of the PCR is the data report/scantron form. This form must be filled out on all prehospital response calls, including non-transport responses and cancelled calls. This form will be completed after the call is completed. The hard copy of the PCR needs to be detached after the front of the PCR has been completed and before the scantron is filled out. A black felt tip pen or number 2 pencil is to be used to fill out this portion of the PCR. All appropriate areas must be completed before submitting the document. The scantron section should reflect documentation and times from the front portion of the PCR.

a. Section 1 (Fig. 17)

	МТН		EM				BASE HOSP		_			INS. STATUS	INCIDENT TYPE	DESTINATION
	0 0 0	0.10.	0000	0	0	NSM	HCMC	0 0 0	0.	BAR/RESTAURANT HOSPITAL	SURFACE STREET	MCARE	BITE/STING	PT/FAMILY RQ
01	Calla:	1.1	3100	1.	1	SM	MCH	CUUT	1.10	CHURCH INDUST./MFG.	SWIM POOL	MCAL	DROWN/NR DN	. CLOSEST APP.
02	2	2 2	2 2	2	2	_ MC	FCH	2 2 2	2	CLINIC/DR. OFFICE JAIL/PRISON	WALK-IN	ins ins	ENVIRONMENTAL	TRAUMA/BURN
03.	3 :	3 : 3	3 3	3.:- 3 :	3	NST	SAMC	.3 3	3.,	CONSTRUCTION OFFICE/BUS.	WATERWAY/LAKE	PV PAY	HAZ MAT	BASE HOSP
04	4	4	4 4	□ 4 :	4	ST	UMC	4 4 4	4	DAYCARE PARK/WILDERNESS	TOTAL PTS ON SCENE	OTHER	MCI	PRIVATE M.D.
0.5	5	- 5	5 5	5 5	5	, TC	ОТН	5 5	5	EDUCATION FAC. PT. RESIDENCE	1-5	UNK	MEDICAL	LAW ENFORCE
	6	- 6	6 . 6	6.	6		NONE	6	6.	FARM/AG RESIDENCE	6-10		STRANGULATION	DIVERSION
F.	7 :	. 7.	7 . 7	7	7		· VCH	7	7.	FREEWAY/HWY RES. CARE	11-15		TRAUMA	1ST RESPONDER
K.:	- 8 /	. 8	8 8	8.1	8			8	8	GOV. FACILITY SKI RESORT	16-20		5150/5170	TO HOSP.
M	9 .	9	9 9	9 :	9			.9	9	HOTEL/MOTEL SNF	>20		TRANSFER	YES

(fig 17)

- (1) <u>Date</u> Complete the year, month, and day (use two digits for the month and day). Example: July 1, 2000 is entered as 00 07 01. In the first column, enter either "F", "K" or "M" for Fresno, Kings, or Madera County, respectively.
- (2) <u>EMS #</u> Enter the EMS number from the County designated EMS Communications Center.
- (3) <u>Call Status</u> Mark the correct call status. Example: Non-Stat Medical is entered as NSM. All calls, except cancelled calls, should have a call status.
- (4) <u>Base Hospital</u> Mark which Base Hospital was contacted. If contacted a Base not listed, mark "other" If Base contact was not made, mark "none".
- (5) <u>Base Contact Time</u> Enter the 4-digit entry for military time for the time the paramedic contacted the Base Hospital.
- (6) <u>Incident Location</u> Mark the location of the patient.
- (7) <u>Total Patients On Scene</u> Mark the total patients involved in the incident. This includes patients transported by other units or released at scene.

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- (8) <u>Insurance Status</u> May have multiple entries. Mark the appropriate insurance status if known. Mark "unknown" if unable to determine.
- (9) <u>Incident Type</u> One entry only. Mark the type of incident, determined after the arrival of the prehospital personnel. If there are five or more patients on scene, mark "MCI".
- (10) Destination Mark the primary reason for the choice of destination.
- (11) <u>First Responder to Hospital</u> Mark "Yes" if any First Responder personnel accompany the transport unit to the hospital.
- b. Section 2 (Fig. 18)

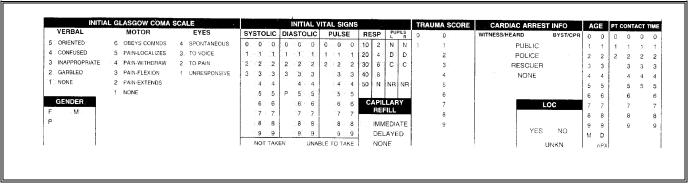
RESPONSE OUTCOME		MECHANIS	M OF INJURY	SAFETY DEVICES	PT. LOCATION	SUS	SPECTED MEDICAL ILL	NES	P=PRIMAR	Y 5	S=SECONDAR
- AMA	ASSAULT		STABBING	AIRBAGS (DPLYD)	DRIVER	Р	S ABDOMINAL PAIN	P.	S DEHYDRATION	Р	S SEIZURE
CANCELLED ENHOUTE	BIKE VRS.	4V	BLUNT TRAUMA OTHER	HELMET	FRONT	įΡ	S AIRWAY OBSTRUCT	Р	S DIABETIC	P	S SHOCK
DEAD ON SCENE	BURN(S)		PED VRS. MV	LAP BELT	REAR	Ρ.	S ALTERED LOC	Р	S FEVER/FLU	P	S SYNC NEAR
NO PATIENT FOUND	INDUSTRIA	ACC	PLANE/BUS CRASH	PERS FLO DEV	. TRUCK BED	P	S ALLERGIC REACTION	· P	S G.I. BLEED	P	S TERMINAL I
RAS/NO TREAT/NO TRANS	EXT. >20 N	IN.	RECREATIONAL/SPORT ACC	PROTECT, CLOTH/PAD	OTHER	P	S ANAPHYLACTIC SHOCK	P	S GEN WEAKNESS	Р	S VERTIGO
. POLICE CUSTODY	FALL <20 F	EET	TRAUMA	SAFETY GLASSES	UNKNOWN	Р	S ASTHMA	P	S GYNECOLOGICAL	P	S OTHER
RENDEZVOUS	FALL >20 F	EE7	HEAD INJURY	SAFETY SEAT	1	P	\$ . BEHAVIORAL	Р	S HA/HYPERTENSION	Р	S ANXIETY
ROUND TRIP TRANS	GSW		NECK	SHLDR BELT		P	S CARDIAC ARREST	Р	S HYPERTHERMIA		
STANDBY/SPEC, EVENT	MCA		BACK	SHLDR/LAP	1	ρ.,	S CARDIAC DYSRHY	Р	S HYPOTHERMIA		
TRANSPORTED	PENETRAT	NG TRM	CHEST	NOT USED		P	S CARDIOGENIC SHOCK	P	S INGESTION/POISON		
RAS/TREAT/NO TRANS	MV-DEATH	SAME VEH.	ABDOMEN/PELVIS	UNKNOWN		Р	S CHEST PAIN	Р	S INHALATION (TOXIC)		
PER PD/FD	MV-EJECTI	)N	SOFT TISSUE/BURNS	. NOT AVAILABLE		Р	S CHF/PE	P	S N/V		
. MECH BRKDWN	MV-HEAD-C	N	DISLOC/FX/AMP			Р	S CHILDBIRTH	P	S OBSTETRICAL		
PT. REFUSES EVAL.	MV-ROLL-C	VER	CARDIAC ARREST-TRAUMA				S COPD	P	S RESP. ARREST		
	MVA-OTHE	1	MULTI-SYSTEM TRAUMA				S CVA/TIA	P	S RESP. DISTRESS		

(fig 18)

- (1) <u>Response Outcome</u> Mark the outcome of the dispatched response.
- (2) <u>Mechanism of Injury</u> One entry. Mark the best mechanism of injury for the patient.
- (3) <u>Trauma</u> One entry. For trauma patients, mark the area of injury. If more than one area of injury, mark "multi-systems trauma".
- (4) <u>Safety Devices</u> May have multiple entries if applicable. Mark all safety devices the patient was using at the time of the accident.
- (5) <u>Patient Location</u> For the trauma patient in an MVA, mark the patient's location in the vehicle.
- (6) Suspected Medical Illness One entry for primary illness and one entry for secondary illness. Mark the primary and secondary illness as best determined by the prehospital personnel. The primary illness is the complaint found on the primary survey and the secondary illness is the complaint found on the secondary survey.

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c. Section 3 (Fig. 19)



(fig 19)

- (1) Initial Glascow Coma Scale Enter the patient's initial Glascow Coma Scale.
- (2) <u>Gender</u> Mark the patient's gender. Mark "P" if the patient is pregnant.
- (3) <u>Initial Vital Signs</u> Enter the patient's initial vital signs. If not taken or unable to take, mark the appropriate bubble.

Respirations - if none mark "N"

Pupils - "N" = Normal

"D" = Dilated

"C"= Constricted

"NR" = Non-reactive

- (4) <u>Capillary Refill</u> Mark the patient's appropriate capillary refill.
- (5) Trauma Score For all trauma patients, enter the patient's initial trauma score.
- (6) <u>Cardiac Arrest Information</u> For cardiac arrest patients, mark who witnessed/heard the arrest, and who performed bystander CPR. Mark "none" if not performed.
- (7) LOC Enter if the patient had LOC. Mark "unknown" if appropriate.
- (8) <u>Age</u> Enter the patient's age. If the patient is a child less than 1 year of age, mark "M" for months or "D" for days. If the exact age is unknown and the age is an approximate age, mark "APX".
- (9) <u>Patient Contact Time</u> Enter the time the first prehospital personnel arrived at the patient's side.

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d. Section 4 (Fig. 20)

ABDOM/CHEST THRUST	CM1	PMS	(Mis	CM4	IRRIGA		REATME	_	CM3	- PAIA	CDINIAL DD	ECAUTIONS	CHI	ana a	Ma a	907	NOW CIVILO	-100		IAL/LAST		-
AED-APPLIED				CM4		OR VITALS			CM3		SPLINT - R		ČM1 - 0				NRML SINUS SINUS TACH	1.1	L	JUNCTIONAL PACED		
AED-SHOCK	CM1	CM2	CM3	CM4	OB DE	IVERY.	CM1	CM2	CM3	CM4	SPLINT - TI	RACTION	CM1 (				SINUS BRADY			SVT	1	
AIRWAY - MANUAL	CM1	CM2	CM3	CM4	OPBD-	ASST VENT	CM1	CM2	CM3	CM4	SUCTION		CM1 (	OM2 C	M3 C	CM4	ASYSTOLE	1	L	V-TACH	1	
AIRWAY - ORAL/NASAL	CM1	CM2	CM3	CM4	ORAL 0	GLUCOSE	CM1	CM2	CM3	CM4							AV BLOCK 1	1	L	V-FIB	1	
BANDAGE/HEM. CONTROL	CM1	CM2	CM3	CM4	OXYGE	N 1-6 LPM	CM1	CM2	CM3	CM4							AV BLOCK 21	1	L	AICD	1.1	
BVM-ASST VENTILATION	CM1	CM2	ĊM3	CM4	OXYGE	N 10-15 LPM	CM1	CM2	CM3	CM4							AV BLOCK 3	1	L	IDIO VENT	1	
CPR	CM1	CM2	CM3	CM4	PRIMAI	RY SURVEY	CM1	CM2	CM3	CM4							ATRIAL FIB	.1	L	OTHER	1	
EXTRICATION	CM1	CM2	CM3	CM4	RESTR	AINTS	ĊM1	CM2	CM3	CM4							ATRIAL FLUT	1	L	PVC	1	
HYPERVENTILATED	CM1	CM2	CM3	CM4	SECON	DARY SURVEY	CM1	CM2	CM3	CM4							EMD PEA		L			

(fig 20)

- (1) <u>BLS Treatment</u> May have multiple entries. Mark all BLS treatment given to the patient. Enter the appropriate crew member who administered the treatment.
- (2) <u>EKG Initial/Last</u> Mark the patient's initial (I) and last (L) EKG rhythm. If PVCs are present, mark "PVC" under the "L" column.
- e. Section 5 (fig 21)

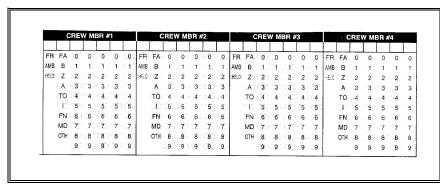
	REAT					AL\$		OCE	DU	Н	S				RAT	E						MEDICA	ATIONS				
12 LEAD	CM1: C	M2 CM	.CM4	IV.	1	2	3	+ [l	1. 4	CM1	CM2	CM3	CM4				N	MDAZOLAN	/ CM1	CM2	CM3	CM4	HEPARIN	CM1	CM2	CM3	CM4
BLOOD DRAWN	CM1 (	M2 CM	3 CM4	IV	1	- 2	3	÷	ا ز	CM1	CM2	ÇM3	CM4				1	ASA	CM1	CM2	CM3	CM4	IPECAC	CM1	CM2	CM3	CM4
CARDIAC MONITOR	CM1 (	M2 CM	CM4	10				Ļ	) (	CM1	CM2	CM3	CM4	_			-	TIVAN	CM1	CM2	CM3	CM4	LASIX	CM1	ÇM2	CM3	CM4
CARDIOVERSION	CM1 (	M2 CM	3 CM4 -	LOCK	1	2	3	+: L	J I	CM1	CM2	CM3	CM4	T K		B C O T	2 E	BENADRYL	CM1	CM2	CM3	CM4	MGS04	CM1	CM2	CM3	CM4
DEFIBRILLATION	CM1 (	M2 CM	3 CM4	LOCK	1	. 5	3	ŧ .l	J i	CM1.	CM2	CM3	CM4	0		L H	1 E	BICARB	CM1	CM2	- CM3	CM4	MORPHINE	CM1	CM2	CM3	CM4
GLUCOMETER	CM1. (	M2 CM	CM4	COMBI				Ü	j. 0	CM1	CM2	CM3	CM4			S P	R E	BRETYLIUM	CM1	CM2	CM3	CM4	NITRO	CM1	CM2	CM3	CM4
MAST-INFLATED	CM1: (	M2 CM	CM4	TTJI				ι	j d	CM1	CM2	CM3	CM4		IV LO	С	(	CALCIUM	CM1	CM2	CM3	CM4	NITRODAIP	CM1	CM2	CM3	CM4
NEBULIZER	CM1, 10	M2 CM	CM4	ET TUBE	1	2	. 3	÷ (	J. J	CM1	CM2	CM3	CM4	#1			. 0	CHARCOAL	CM1	CM2	CM3	CM4	NORCURON	CM1	CM2	CM3	CM4
NG-TUBE	CM1 (	M2 CM	CM4	ET TUBE	1,	. 2	3	† · . (	į. i	CM1	CM2	CMS	CM4	#2			. (	COMPAZINI	E CM1	CM2	CM3	CM4	PITOCIN	CM1	CM2	CM3	CM4
PULSE OX	- CM1 - C	M2 CM	3 CM4	NEEDLE THOR.				- 1	١ . ز	CM1	CM2	CMS	CM4		PERF	E.	J	25	CM1	CM2	CM3	CM4	PRONESTYL	CM1	CM2	CM3	CM4
																		50	CM1	CM2	CM3	CM4	SUCC	CM1	CM2	CM3	CM4
																		OPAMINE	CM1	CM2	CM3	CM4	TERBUTALINE	CM1	CM2	CM3	CM4
																	(	BLUCAGON	CM1	CM2	CM3	CM4	TPA	CM1	CM2	CM3	CM4
															TROPIN	Е	IN.	IO ET	CM1	CM2	CM3	CM4.	VERAPAMIL	CM1	CM2	CM3	CM4
														E	PI	S	0 1	IO ET	CM1	CM2	CM3	CM4	ADENOSINE	CM1	CM2	CM3	CM4
														L	DOCAI	1E	T/A	IO ET	CM1	CM2	CM3	CM4	ALBUTEROL	CM1	CM2	CM3	CM4
														7	ARCAN		.IN	- IO ET	CM1	CM2	CM3	CM4	NITROPASTE	CM1	CM2	CM3	CM4
														V	ALIUM		- D	IO ET	CM1	CM2	CM3	CM4	OTHER 2	CM1	CM2	CM3	CM4

(fig 21)

- (1) ALS Treatment May have multiple entries. Mark all ALS treatment given to the patient. Mark the appropriate crew member who administered the treatment.
- (2) <u>ALS Procedures</u> May have multiple entries. Mark all ALS procedures given to the patient. Mark the appropriate crew member who administered the procedures. The numbers following IV, ET, etc. indicate the number of attempts. Mark the appropriate number for the number of attempts on the patient. Also mark "U" if unsuccessful.

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- (3) Rate Mark the rate of each IV/IO.
- (4) <u>IV Location</u> Mark whether the IV was a peripheral IV or an external jugular.
- (5) <u>Medications</u> May have multiple entries. Mark all the medications given to the patient. Mark the appropriate crew member who administered the medications. Also mark the route of administration, if applicable.
- f. Section 6 (Fig. 22)



(fig 22)

(1) <u>Crew Members</u> - Enter all crew members on scene. Crew member #1 = the team leader. If multiple members on scene BLS/ALS, enter the ALS crew members.

"FR" - First Responder "AMB" - Transport Unit

"HELO" - Air Transport Unit

"FA" - First Aid "B" - EMT-I "Z" - EMT-D "A" - EMT-P

"TO" - Training Officer

"I" - Intern

"FN" - Flight Nurse "MD" - Medical Doctor

"OTH" - Other

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Front View of Prehospital Care Report

	AADERA L SERVICES		ncy Med ENT CAR			#	ICY IN	DATE 1st RESP.	AMBULANC	E HELICOP		
ALL FATUS NON STAT MEDICAL	STAT MEDICAL	☐ MED CODE ☐ NO	N STAT TRAUMA	STAT TRA	UMA 🗆	TRAUMA	CODE	ADDINE.				VIT A
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TIENT				CITY	DAYS	F		PATIENT	<del>                                     </del>		AL EN RO	ER'
DRESS CATION SAME AS				TOTAL		ETA		CONTACT			DIS	SP SIO
CATION SAME AS INCIDENT ABOVE				# OF PTS		EIA		1st Resp to Ho ☐ YES ☐ N	sp :	:	AR SC	
SE HOSPITAL FCH HCMC			□ NONE	BHP MICN				TIME	:	:	PA CC	TNC
STINATION D	AMA DESTINATION RAS DECISION	☐ PT/Family ☐ Close Request ☐ Appre	est Trau	ma/Burn □ B ria □ H	se spital 🗆	Private D	Law Enforce	ement Diversion	n :	<u> </u>	DE SC XP	
ERBAL RESPONSE (Pediatric	MOTOR F	RESPONSE (Pediatri pey Verbal Command (Spo	ic)	EYE OPEN	NG		LOC	□ NO □ UNI	٦	-	PR AR	ROI
<ul> <li>5 5 Oriented &amp; Converses (Coo, Bab</li> <li>4 4 Disoriented &amp; Converses (Irritable</li> </ul>	e Cries) 5 5 5 Lo	calizes Paln (Withdraws to		3 3 3 Op	en to Verb	al	GCS		·	+ :-	DE CA TIN	ST
3 3 Inappropriate Words (Cries to Pa 2 2 Incomprehensible Sounds (Moan	ain) us to Pain) 3 3 3 Ini	appropriate Flexion (Abnorra appropriate Extension (Abn		1 1 1 No	Response		#1 #2	TIME TIME		☐ YES	RE	
1 1 No Response	1 1 1 No		CATHOL CATOLOGY				#3	TIME	□N0	□NO	W/	
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S PERSONNEL							☐ Ass			J Stab		] Fa
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							CARD Witness	IAÇ ARREST sed/ Do	INFO wn to CPR.			
				_			hear	d by □ Pu	blic 🗆 Pol	lice 🛮 Re		
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TIME R RE	ffort Pulse	OX P	EKG		se .	CAP R	EFILL	PUPILS	SKII	N.	BI Sugar	
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EFFORT									MOIST COLOR TEMP			t
BR SOUNDS EFFORT		<del></del>							COLOR		_	╀
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PMH □ Denied □ □ CHF □ Angina □ CC	Unknown □ Cardia DPD □ CVA □		] MI □ Ps; Diabetes □	/ch SCORE	TOT/ GCS Pts. 14- 15 11- 13 8- 10 5- 7 3- 4	Score 4	19-24/m	<b>I</b>		TOLIC BP	CAP.	
☐ Cancer ☐ Seizures		- Typertension G		P.E.	8- 10 5- 7	143 2 1-2 1	10-24 / m 25-35 / m 36 / min o 1-9 / min None	in 1 Normal in 0 Retractive or grtr 0 Shallow	2 50-6 1 0-49	m Hg or gtr 9mm Hg 9mm Hg mm Hg Pulse	1	Norm Dela Noné
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				Head			None		0 No F	Pulse		
		PVT M.D.		-	□ w		None		d No F	Pulse "9		_
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- ILLINGARY	known	PVT M.D.		Head Neck Back Ches	W     W     W     W     W     W     W     W     W     W       W	'NL 'NL 'NL						
SUBBRIDA	known	PVT M.D.		Head Neck Back Ches Abd	W   W   W   W   W   W   W   W   W   W	'NL 'NL 'NL 'NL		-				
	-	PVT M.D.		Head Neck Back Ches Abd	W   W   W   W   W   W   W   W   W   W	/NL /NL /NL /NL						
IEDS Denied Un	-	PVT M.D.		Head Neck Back Ches Abd Pelvi	W   W   W   W   W   W   W   W   W   W	'NL 'NL 'NL 'NL 'NL		-				
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Allergies Denied Un  S Splints Survay/Oxygen Suction  COMBI ET # of Attempt COMBI TYPE PLACEMENT VERIFICATIO  PLACEMENT VERIFICATIO  Proper Placement Other (Exp	Unknown    Spine  mmobilizati	on	TIME  N Size N Size N Size N Size	Head Neck Back Ches Abd Pelvi Limb Neur	WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	VNL	ale	TIME Signature		BVM	E0	
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EDS Denied Un  Allergies Denied Un  S Splints Sirway/Oxygen Suction  COMBI ET # of AttemptoMBI ET # of Att	Unknown    Spine Immobilizati   OPA   NP, pts   NFOR HOSPITAL I	on	TIME  N Size N Size N Size N Size GN Size	Head Neck Back Ches Abd Pelvis Limbs Neuro	W	INL	ate	Signature    Open   Text   Open   Open   Text   Open   Ope		BVM		JMC
Allergies Denied Un  S Splints Suction  COMBI ET # of Attempt COMBI ET # of Attempt COMBI ET # of Attempt PLACEMENT VERIFICATION Proper Placement Other (Exp. IV IO Heplock/Sall	Unknown    Spine Immobilizati   OPA   NP, pts   NFOR HOSPITAL I	on	TIME  N Size N Size N Size N Size GN Size	Head Neck Back Ches Abd Pelvis Limbs Neuro	W	INL	ate	Signature    Open   Text   Open   Open   Text   Open   Ope		BVM		JMC
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Subject Prehospital Care Report	Policy Number 811
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# FRESNO/KINGS/MADERA EMS

# PATIENT OUTCOME REPORT

N	Central Nervous System	С	Cancer or Other Terminal Disease
U	Ingestion/Poisoning	T	Trauma
D	Drowning	M	Coronary/MI
R	Respiratory System	V	Cardiovascular (aneurysm, etc.)
О	Other		
IERGENCY DE	PARTMENT DISPOSITION:		
E	D.I.E./D.O.A. A A	dmitted D	Discharged
T	Transferred to:		
ADMITTED, HO	OSPITAL DISPOSITION:		
E	Death	D	Discharged
T	Transferred to:		
DISCHARGED/	TRANSFERRED, POST ARREST STATUS:		
C	CNS-Prearrest	М	Mild-Moderate CNS Impairment (impairment
S	Severe CNS Impairment (unable to provide for basic human needs)		consciousness, motor or sensory functions)

# PLEASE RETURN TO:

EMS Division - Data Collection Fresno County Department of Health P. O. Box 11867 Fresno, CA 93775 Subject Prehospital Care Report Policy
Number 811

Back View of Prehospital Care Report

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EXTRICATION  17 PERVENTILATE  AL*  12 LEAD  BLOOD DRAWN  CARD AC MONITO  GARD OVERSION  DEFIBEILLATION  GLUCOMELER  MAST INFLATED  NEBULIZED	CMT CMT CMT CMT. CMT. CMT. CMT. CMT. CMT. CMT. CMT.	CM1 CM2 CM3 CM3 CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRANT SECONDAR  IV IV IC LOCK LOCK COMBI TTJI ET TUBP	SURVEY TS AY SURVEY 4 2 2 2	CMI CMI CMI CMI PROCE 34 . U 3+ . U 3+ . U 3+ . U 3+ . U 3 U 3 U 3 U 3 U	CM2 CM CM2 CM CM2 CM CM1 CM1 CM1 CM1 CM1 CM CM1 CM CM1 CM CM1 CM CM1 CM CM1 CM CM1 CM CM1 CM1 CM1 CM1 CM1 CM1 CM1 CM1 CM1 CM1 CM1 CM1 CM1 CM1	3 CM4 3 CM4 3 CM4 2 CM8 CM4		X P D L L N S C IV LOC	A A B B B B B B B B B B B B B B B B B B	SA CMI- TIVAN CMI ENABRYL CMI ICAFIB CMI RETYLIUM CMI ALCIUM CMI HARCOAL CMI	CM2 - CM3 - C CM2 - CM3 - C	AV BLOCK 3 ATRIAL FIR ATRIAL FIR MEDIC MI MI MEDIC MI MI MEDIC MI MI MEDIC MI MI MEDIC MI MI MEDIC MI MI MI MEDIC MI	I L I L I L I L I L I L I L I L I L I L	OTHER PVC  CM1 CM2	CM3 C CM3 C CV3 C CV3 C CV3 C CV3 C CV3 C	M4 M4 M4 M4 M4 M4
EXTRICATION IFYPERVENTILATE ALL 12 LEAD BLOOD DRAWN CARD AC MONITO OARD OVERSION DEFIRSILLATION GLUCOMETER MAST INFLATED NEBULIZER NG-TUBE	STREAT CM1	CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRA NT SECONDAR  IV IV IO LOCK LOCK COMBI TTJI ET TURF ET TURF	SURVEY IS AY SURVEY ALS I 2 I 2	2M1 2M7 CM7 CM7 CM7 CM7 3+ U	CM2 CM CM2 CM CM2 CM CM2 CM CM1 CM	3 CMS		V LOC	A A B B B B B B B B B B B B B B B B B B	SA CMITTIVAN CMITTIVAN CMITTIVAN CMITTIVAN CMITTIVAN CMITTIVALCIUM CMITTIVANCONPAZINE CMI	CM2 - CM3 - C CM2 - CM3 - C CM2 - CM5 - C CM2 - CM5 - C CM2 - CM3 - C CM2 - CM3 - C CM2 - CM3 - C CM2 - CM3 - C	AV BLOCK 3 ATFILAL FIR ATFILAL FIR MEDIC MEDIC MEDIC W  W  W  W  W  W  W  W  W  W  W  W  W	I L I L I L I L I L I L I L I L I L I L	CM1 CM2	CM3 C CM3 C CV3 C CV3 C CM3 C CM3 C CM3 C	M4 M4 M4 M4 M4 M4 M4 M4
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EXTRICATION INVPERVENTILATE ALL  12 LEAD BLOOD DEAWN CARD AC MONITO GARD OVERSION DEFIRSILLATION GLUCOMETER MAST INFLATED NEBULIZER NG-TUBE	STREAT CM1	CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRA NT SECONDAR  IV IV IO LOCK LOCK COMBI TTJI ET TURF ET TURF	SURVEY TS AY SURVEY 4 2 2 2	2M1 2M7 CM7 CM7 CM7 CM7 3+ U	CM2 CM CM2 CM CM2 CM CM2 CM CM1 CM	3 CMS		V LOC	A A B B B C C C C C C C C C C C C C C C	SA CMI- TIVAN CMI- ENABRYL CMI- ICARB CMI- RETYLIUM CMI- ALCIUM CMI- HARCOAL CMI- OMPAZINE CMI- 26 CMI- 50 CMI-	CM2 CM3 C C CM3 C C CM3 C C CM3 C C C C C C C C C C C C C C C C C C C	AV PLOCK 3 RTEIJAL FIR RTPRA_FLUT EMICL PFA MEDIC/ MA MEDIC/ MA	I L I L I L I L I L I L I L I L I L I L	OTHER PVC  CM1 CM2	CM3 CC CM	M4 M4 M4 M4 M4 M4 M4 M4 M4
EXTRICATION INVPERVENTILATE ALL  12 LEAD BLOOD DEAWN CARD AC MONITO GARD OVERSION DEFIRSILLATION GLUCOMETER MAST INFLATED NEBULIZER NG-TUBE	STREAT CM1	CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRA NT SECONDAR  IV IV IO LOCK LOCK COMBI TTJI ET TURF ET TURF	SURVEY TS AY SURVEY 4 2 2 2	2M1 2M7 CM7 CM7 CM7 CM7 3+ U	CM2 CM CM2 CM CM2 CM CM2 CM CM1 CM	3 CMS		V LOC	A A B B B B B B B B B B B B B B B B B B	SA CM1- TIVAN CM1 EKABERYL CM1 ICARB CM1 RETYLLUM CM1 ALCIUM CM1 CM1 CM1 CM1 CM1 CM2 CM1	CM2 CM3 C C CM3 C CM3 C C CM3 C C CM3 C C CM3 C C C C C C C C C C C C C C C C C C C	AV BLOCK 3 ATRIAL FIR ATPIAL FLUT BADD PA MEDIC	I L I L I L I L I L I L I L I L I L I L	OTHER PVC  CMI CM2 CM2 CMI CM2 CM2 CM3	CM3 CCM3 CCM3 CCM3 CCM3 CCM3 CCM3 CCM3	M4 M4 M4 M4 M4 M4 M4 M4 M4 M4
EXTRICATION IFYPERVENTILATE ALL 12 LEAD BLOOD DRAWN CARD AC MONITO OARD OVERSION DEFIRSILLATION GLUCOMETER MAST INFLATED NEBULIZER NG-TUBE	STREAT CM1	CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRA NT SECONDAR  IV IV IO LOCK LOCK COMBI TTJI ET TURF ET TURF	SURVEY TS AY SURVEY 4 2 2 2	2M1 2M7 CM7 CM7 CM7 CM7 3+ U	CM2 CM CM2 CM CM2 CM CM2 CM CM1 CM	3 CMS		× P D B K P D D D E D D D E D D D E D D D D D D D	AA BE B B C C C C C C C C C C C C C C C C	SA CMI- TIVAN CMI ENABRY CMI ENABRY CMI INCAFIB CMI INCAFIB CMI INCAFIB CMI INCAFIB IN	CM2 - CM3 - C CM2 - CM3 - C CM3 - C C CM3 - C CM3 - C C CM3 - C C CM3 - C C CM3 - C C CM3 - C C C C C C C C C C C C C C C C C C C	AV PLOCK 3 ATTEIAL FIR ATTEIA. FLUT ATTEIA.	I L I L I L I L I L I L I L I L I L I L	OTHER PVC  CM1 CM2  CM2  CM1 CM2  CM2  CM2  CM2  CM2  CM2  CM2  CM2	CM3 CCM3 CCM3 CCM3 CCM3 CCM3 CCM3 CCM3	
EXTRICATION IFYPERVENTILATE ALL 12 LEAD BLOOD DRAWN CARD AC MONITO OARD OVERSION DEFIRSILLATION GLUCOMETER MAST INFLATED NEBULIZER NG-TUBE	STREAT CM1	CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRA NT SECONDAR  IV IV IO LOCK LOCK COMBI TTJI ET TURF ET TURF	SURVEY TS AY SURVEY 4 2 2 2	2M1 2M7 CM7 CM7 CM7 CM7 3+ U	CM2 CM CM2 CM CM2 CM CM2 CM CM1 CM	3 CMS		X P L N S IV LOC #1 #2 PCDT.	AA O H B B B B B B B B B B B B B B B B B B	SA CMI- TIVAN CM1 EN-ABRYL CM1 ICAEB CM1 ICAEB CM1 ALCIUM CM1 HARCOAL CM1 OMPAZINE CM1 26 CM1 OPAMINE CM1 LUCAGON CM1 IC EL CM1	CM2 CM3 C CM2 CM5 C CM2 CM6 C CM6 C CM6 CM6 C C CM6 C CM6 C C CM6 C C CM6 C C CM6 C C C C C C C C C C C C C C C C C C C	AV BLOCK 3 ATFILAL FIR ATFICAL FLUT FINAL FLUT FINAL FLUT MEDICA	ATONS HEPARIN IPECAC LASIX MGSO4 MGPHINE NITHO NITHOON FITOGIN FRONESTYL SUCC TERBUTAL NE TPA VERAPAMIL	CMI CM2 CMI CM3 CMI CM3 CMI CM2 CMI CM3 CMI CM	CM3 CCM3 CCM3 CCM3 CCM3 CCM3 CCM3 CCM3	Miles Miles
EXTRICATION INVPERVENTILATE ALL  12 LEAD BLOOD DEAWN CARD AC MONITO GARD OVERSION DEFIRSILLATION GLUCOMETER MAST INFLATED NEBULIZER NG-TUBE	STREAT CM1	CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRA NT SECONDAR  IV IV IO LOCK LOCK COMBI TTJI ET TURF ET TURF	SURVEY TS AY SURVEY 4 2 2 2	2M1 2M7 CM7 CM7 CM7 CM7 3+ U	CM2 CM CM2 CM CM2 CM CM2 CM CM1 CM	3 CMS		N J S IV LOC #1 #2 PERF.	A A A A A A A A A A A A A A A A A A A	SA CMI- TIVAN CM1 ENABRY CM1 RETYLUM CM1 ALCIUM CM1 HARCOAL CM1 26 CM1 27 CM1 LO CM1 L	CM2 CM3 C CM2 CM8 C C C C C C C C C C C C C C C C C C C	AV BLOCK 3 ATTEIAL FIR ATTEIAL FLUT ATTEIAL	I L I L I L I L I L I L I L I L I L I L	CM1 CM2 CM2 CM1 CM2 CM1 CM2 CM2 CM1 CM2 CM2 CM1 CM2 CM2 CM1 CM2	CM3 CCM3 CCM3 CCM3 CCM3 CCM3 CCM3 CCM3	Middle Mi
EXTRICATION IFYPERVENTILATE ALL 12 LEAD BLOOD DRAWN CARD AC MONITO OARD OVERSION DEFIRSILLATION GLUCOMETER MAST INFLATED NEBULIZER NG-TUBE	STREAT CM1	CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRA NT SECONDAR  IV IV IO LOCK LOCK COMBI TTJI ET TURF ET TURF	SURVEY TS AY SURVEY 4 2 2 2	2M1 2M7 CM7 CM7 CM7 CM7 3+ U	CM2 CM CM2 CM CM2 CM CM2 CM CM1 CM	3 CMS		X P L N S IV LOC #1 #2 PCDT.	F. CO	SA CMI- TIVAN CMI ENABRY CMI ENAB	CM2 - CM3 - C CM2 - CM3 - C CM2 - CM5 - C CM2 - CM5 - C CM2 - CM5 - C CM2 - CM3 - C CM2 - C CM3 - C	AV BLOCK 3 ATTRIAL FIR ATTRIAL FILO MEDICA M	I L I L I L I L I L I L I L I L I L I L	OH CM2  CM1 CM2	CM3 C	Michigan Mic
EXTRICATION IFYPERVENTILATE ALL 12 LEAD BLOOD DRAWN CARD AC MONITO OARD OVERSION DEFIRSILLATION GLUCOMETER MAST INFLATED NEBULIZER NG-TUBE	STREAT CM1	CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRA NT SECONDAR  IV IV IO LOCK LOCK COMBI TTJI ET TURF ET TURF	SURVEY TS AY SURVEY 4 .2 .1 .222222	2M1 2M7 CM7 CM7 CM7 CM7 3+ U	CM2 CM CM2 CM CM2 CM CM2 CM CM1 CM	3 CMS		ATROPINE EPILIDOCAINE NARCAN	A A A A A A A A A A A A A A A A A A A	SA CMI- TIVAN CMI ENABRICA CMI RETYLLUM CMI ALCIUM CMI ALCIUM CMI ALCIUM CMI 25 CO CMI LOCAGON CMI LUCAGON CMI LUCAGON CMI LUCAGON CMI LUCAGON CMI LOCAGON CMI LOC	CM2 - CM3 - C CM2 - CM3 - C	AV BLOCK 3 ATTEIAL FIR ATTEIAL FLUT BANKS PEA MEDIC ME	I L I L I L I L I L I L I L I L I L I L	DNO VE   OTHER	CM3 C	Mile Mile Mile Mile Mile Mile Mile Mile
EXTRICATION IFYPERVENTILATE ALL 12 LEAD BLOOD DRAWN CARD AC MONITO OARD OVERSION DEFIRSILLATION GLUCOMETER MAST INFLATED NEBULIZER NG-TUBE	STREAT CM1	CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRA NT SECONDAR  IV IV IO LOCK LOCK COMBI TTJI ET TURF ET TURF	SURVEY TS AY SURVEY 4 .2 .1 .222222	2M1 2M7 CM7 CM7 CM7 CM7 3+ U	CM2 CM CM2 CM CM2 CM CM1 CM1 CM CM1 CM1 CM CM1 CM1 CM CM1 CM1 CM1 CM CM1 CM1 CM1 CM1 CM1 CM1 CM1 CM1 CM1 CM1	3 CMS	AR #1	ATROPINE EPI LIDOCAINE NARCAR VALUM	F. CO PHER CO	SA CMI- TIVAN CMI ENACIPUE CMI ENACIPUE CMI ENCACIPUE CMI	CM2 - CM3 - C CM2 - CM3 - C CM3	AV ELOCK 3 ATTEIAL FIB EMD PFA MEDIC MA	TONS  HEPAHIN  HEPAHIN  HEPAHIN  HEPAHIN  HEPAHIN  MITHO  MITHODIP  NOTHODIP  NONCURDON  FITOCIN  FROVESTYL  SUCC  TERBUTAL NE  TPA  ADENOSIME  AUBUTEROL  MITROPASTE  AUBUTEROL  MITROPASTE	DNO VE OTHER PVC CM1 CM2 CM2 CM2 CM2 CM2 CM3 CM2 CM3	CM3 C C C C C C C C C C C C C C C C C C	Mile Me
EXTRICATION IFYPERVENTILATE ALL 12 LEAD BLOOD DRAWN CARD AC MONITO OARD OVERSION DEFIRSILLATION GLUCOMETER MAST INFLATED NEBULIZER NG-TUBE	STREAT CM1	CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRA NT SECONDAR  IV IV IO LOCK LOCK COMBI TTJI ET TURF ET TURF	SURVEY TS AY SURVEY 4 .2 .1 .222222	2M1 2M7 CM7 CM7 CM7 CM7 3+ U	CM2 CM CM2 CM CM2 CM CM1 CM1 CM CM1 CM1 CM CM1 CM1 CM CM1 CM1 CM1 CM CM1 CM1 CM1 CM1 CM1 CM1 CM1 CM1 CM1 CM1	3 CMS	3R #1	ATROPINE EPI LIDOCAINE NARCAR VALUM	F. CO PHER CO	SA CMI- TIVAN CMI ENABRICA CMI RETYLLUM CMI ALCIUM CMI ALCIUM CMI ALCIUM CMI 25 CO CMI LOCAGON CMI LUCAGON CMI LUCAGON CMI LUCAGON CMI LUCAGON CMI LOCAGON CMI LOC	CM2 - CM3 - C CM2 - CM3 - C CM3	AV BLOCK 3 ATTEIAL FIR ATTEIAL FLUT BANKS PEA MEDIC ME	TONS  HEPAHIN  HEPAHIN  HEPAHIN  HEPAHIN  HEPAHIN  MITHO  MITHODIP  NOTHODIP  NONCURDON  FITOCIN  FROVESTYL  SUCC  TERBUTAL NE  TPA  ADENOSIME  AUBUTEROL  MITROPASTE  AUBUTEROL  MITROPASTE	DNO VE   OTHER	CM3 C C C C C C C C C C C C C C C C C C	Mile Me
EXTRICATION IFYPERVENTILATE ALL 12 LEAD BLOOD DRAWN CARD AC MONITO OARD OVERSION DEFIRSILLATION GLUCOMETER MAST INFLATED NEBULIZER NG-TUBE	STREAT CM1	CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRA NT SECONDAR  IV IV IO LOCK LOCK COMBI TTJI ET TURF ET TURF	SURVEY TS AY SURVEY 4 .2 .1 .222222	2M1 2M7 CM7 CM7 CM7 CM7 3+ U	CM2 CM CM2 CM CM2 CM CM2 CM CM1 CM1 CM CM1 CM1 CM CM1	33 CMS		X P O O E L N P O E L N P O	A A A A A A A A A A A A A A A A A A A	SA CMITIVAN CMI ENADRYL CMI ICAFIB CMI RETYLUM CMI HARCOAL CMI 125 CMI 50 CMI 10 ET CMI	CM2 CM3 C CM2 CM3 C CM3 C CM3 CM3 C CM3 C CM3 CM3 C CM3 C CM4 C CM3 C C CM4 C CM3 C C CM4 C CM4 C C CM4 C CM4 C C CM4 C CM4 C C CM4 C CM4 C C CM4 C C CM4 C C C	AV BLOCK 3 ATTRIAL FIR TYPIAL FLUT EMPL PEAL MEDIC MED	HEPARIN IPECAC LASIX MASSO4 MORPHINE NITHO NITHOON FITOCIN PROVIESTYL SUCC TERBUTAL NE VERAPAMIL ADENOSINE ALBUTEROL NITRO®ASTE OTHER 2	DIT   CHE	CM3 C C CM3 C CM3 C C C CM3 C C C C C C C C C C C C C C C C C C C	M4 M
EXTRICATION IFYPERVENTILATE ALL 12 LEAD BLOOD DRAWN CARD AC MONITO OARD OVERSION DEFIRSILLATION GLUCOMETER MAST INFLATED NEBULIZER NG-TUBE	STREAT CM1	CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRA NT SECONDAR  IV IV IO LOCK LOCK COMBI TTJI ET TURF ET TURF	SURVEY TS AY SURVEY 4 .2 .1 .222222	2M1 2M7 CM7 CM7 CM7 CM7 3+ U	CM2 CM CM2 CM CM2 CM CM2 CM CM1 CM2 CM1 CM2 CM2 CM2 CM2 CM2 CM2 CM2 CM2 CM2 CM2	3 CM8 3 CM8 3 CM8 4 CM8 2 CM8 CM4 2 CM8 CM4 2 CM8 CM4 2 CM8 CM4 2 CM9 CM4 2 CM8 CM4	0 0	ATRIOPINE EPI LIDOZAINE NARCAN VA_LUM C 0. FB FA	A A A A A A A A A A A A A A A A A A A	SA CMITTUYAN CMIT ENADRYL CMI CMIT ENADRYL CMI CMIT ENADRYL CMI CMIT ENTYTHIN CMIT ENT	CM2 CM3 C CM2 CM3 C CM3 C C CM3 C CM3 C C CM3 C CM3 C C CM3 C CM3 C C CM3 C CM3 C CM3 C CM3 C CM3 C CM3 C CM3 C CM3 C CM3 C C CM3 C C C CM3 C C CM3 C C CM3 C C C C C C C C C C C C C C C C C C C	AV BLOCK 3 ATTRIAL FIR ATTRIAL FLO BMD PFA MEDIC MM MM MEDIC MM MM MEDIC MM MM MEDIC MM MM MEDIC MM	TONS HEPARIN HEPARIN HEPARIN HEPARIN HEPARIN MITHORIT HITTO HITTORIN PROVESTYL SUCC TERBUTAL NE TPA ADENOSIME AUBUTEROL HITTORIN AUBUTEROL HITTORIN AUBUTEROL HITTORIN AUBUTEROL HITTORIN AUBUTEROL HITTORIN HITTORIN HITTORIN	DITECT   Control   Contr	CM3 C	M4 M
EXTRICATION IFYPERVENTILATE ALL 12 LEAD BLOOD DRAWN CARD AC MONITO OARD OVERSION DEFIRSILLATION GLUCOMETER MAST INFLATED NEBULIZER NG-TUBE	STREAT CM1	CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRA NT SECONDAR  IV IV IO LOCK LOCK COMBI TTJI ET TURF ET TURF	SURVEY TS AY SURVEY 4 .2 .1 .222222	2M1 2M7 CM7 CM7 CM7 CM7 3+ U	CAR COM CAR CO	CREW MI	.11 .	X P D O D O E L D O D D D O D D D O D D O D D O D D O D D O D D O D D O D D O D D O D D O D D O D D D O D D D O D D D O D D D O D D D O D D D O D D D D O D	A A A A A A A A A A A A A A A A A A A	SA CMI- TITVAN CMI EN-ADRIV CMI RETYLUM CMI ALCIUM CMI HARGOAL CMI 25 CMI 10 ET CMI 10	CM2 - CM3 - -	AV BLOCK 3 AV BLOCK 3 AV TIFIAL FIR MEDIC	I L I L I L I L I L I L I L I L I L I L	DIT   CAR	CM3 C	M4 M
EXTRICATION INVPERVENTILATE ALL  12 LEAD BLOOD DEAWN CARD AC MONITO GARD OVERSION DEFIRSILLATION GLUCOMETER MAST INFLATED NEBULIZER NG-TUBE	STREAT CM1	CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRA NT SECONDAR  IV IV IO LOCK LOCK COMBI TTJI ET TURF ET TURF	SURVEY TS AY SURVEY 4 .2 .1 .222222	2M1 2M7 CM7 CM7 CM7 CM7 3+ U	CM2	S CMS S CM4 S CM5 CM4 S CM6 CM6 S CM6	0 : 0 1 : 1 : 2	X P O O E L N S P O E L N S	A A A A A A A A A A A A A A A A A A A	SA CMITIVAN CMI ENADRYL CMI ICAFIB CMI RETYULUM CMI HARCOAL CMI 25 CMI SO CMI ICAFIB CMI	CM2 CM3 C CM2 CM3 C CM3 CM3 C CM2 CM3 C CM3 CM3 C CM2 CM3 C CM3 C CM3 CM3 C CM3 C C CM3 C CM3 C C CM3 C C CM3 C C CM3 C C CM3 C C C CM3 C C C C C C C C C C C C C C C C C C C	AV BLOCK 3 ATTRIAL FIRE ATTRIAL FLUT EMPLOPE MEDIC MED	I L I L I L I L I L I L I L I L I L I L	DITECT   Control   Contr	CM3 C	M
EXTRICATION IFYPERVENTILATE ALL 12 LEAD BLOOD DRAWN CARD AC MONITO OARD OVERSION DEFIRSILLATION GLUCOMETER MAST INFLATED NEBULIZER NG-TUBE	STREAT CM1	CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRA NT SECONDAR  IV IV IO LOCK LOCK COMBI TTJI ET TURF ET TURF	SURVEY TS AY SURVEY 4 .2 .1 .222222	2M1 2M7 CM7 CM7 CM7 CM7 3+ U	CM2 CM CM2 CM CM2 CM CM2 CM CM2 CM	CREW MI	2 2 3	ATROPINE EPI LIDOZAINE NARCAIN VALUM C D. FB FA 1 HEC / Z 3 A 4 A	A A A A A A A A A A A A A A A A A A A	SA CMI- TIVAN CMI ENADRYL CMI ICAFIB CMI RETYULUM CMI HARCOAL CMI OMPAZINE CMI SO CMI ICAFIB CMI IC	CM2 CM3 C CM3 C CM2 CM3 C CM	AV BLOCK 3 ATTRIAL FIRST PLANT	I L I L I L I L I L I L I L I L I L I L	The control of the	CM3 C	M4 M
EXTRICATION IFYPERVENTILATE ALL 12 LEAD BLOOD DRAWN CARD AC MONITO OARD OVERSION DEFIRSILLATION GLUCOMETER MAST INFLATED NEBULIZER NG-TUBE	STREAT CM1	CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRA NT SECONDAR  IV IV IO LOCK LOCK COMBI TTJI ET TURF ET TURF	SURVEY TS AY SURVEY 4 .2 .1 .222222	2M1 2M7 CM7 CM7 CM7 CM7 3+ U	ONE CM ON	CREW MI	. 0 . 0 . 1 . 1 . . 2 . 2 . 3 . 3 . 40 . 4.	X P D D D D D D D D D D D D D D D D D D	A A A A A A A A A A A A A A A A A A A	SA CMITIVAN CMI ENADRYL CMI RETYLUM CMI ALCIUM CMI HARCOAL CMI 25 CMI 10 ET	CM2 CM3 CM3 CM2 CM3	AVELOCK 3 AVELOC	I L I L I L I L I L I L I L I L I L I L	DITECT   Control   Contr	CM3 C CV3 C	M4 M
EXTRICATION IFYPERVENTILATE ALL 12 LEAD BLOOD DRAWN CARD AC MONITO OARD OVERSION DEFIRSILLATION GLUCOMETER MAST INFLATED NEBULIZER NG-TUBE	STREAT CM1	CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRA NT SECONDAR  IV IV IO LOCK LOCK COMBI TTJI ET TURF ET TURF	SURVEY TS AY SURVEY 4 .2 .1 .222222	2M1 2M7 CM7 CM7 CM7 CM7 3+ U	CM2	CREW MI  COREW M	0 0 1 0 1 2 2 2 3 3 3 3 4 4 4 5 5 5 5	X P O O E L V P O E L V P O E	A A A A A A A A A A A A A A A A A A A	SA CMI- TIVAN CMI ENADRYL CMI ICAFB CMI RETYULUM CMI HARCOAL CMI 25 CMI COMPAZINE CMI 10 ET CMI	CM2 CM3 C C CM3 C CM3 C C C CM3 C C C C C C C C C C C C C C C C C C C	AV BLOCK 3 ATTEIAL FIR ATTEIAL FLUT EMPL PEA MEDIC MED	I L I L I L I L I L I L I L I L I L I L	DIO VE	CM3 C	M4 M
EXTRICATION IFYPERVENTILATE ALL 12 LEAD BLOOD DRAWN CARD AC MONITO OARD OVERSION DEFIRSILLATION GLUCOMETER MAST INFLATED NEBULIZER NG-TUBE	STREAT CM1	CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRA NT SECONDAR  IV IV IO LOCK LOCK COMBI TTJI ET TURF ET TURF	SURVEY TS AY SURVEY 4 .2 .1 .222222	2M1 2M7 CM7 CM7 CM7 CM7 3+ U	CM2 CM2 CM2 CM2 CM2 CM2 CM3	CREW MI	.0 .0 .0 .1 .1 .1 .2 .2 .2 .1 .3 .3 .3 .4 .2 .4 .1 .5 .1 .56 .1 .5	ATROPINE EPI LIDOZAINE NARCAIN VALUM C 2. FB FA 1. VALUM C 2. FB FA 4. TO 3. A 4. TO 5. FF 1. FN	A A A A A A A A A A A A A A A A A A A	SA CMI- TIVAN CMI ENADRYL CMI ICARIB CMI RETYULUM CMI HARCOAL CMI 25 CMI COMPAZINE CMI 26 CMI COMPAZINE CMI 10 ET CM	CM2 CM3 C CM3 C CM2 CM3 C CM3 C CM2 CM3 C C CM3 C CM3 C CM3 C CM3 C CM3 C CM3 C C CM3 C CM3 C C C C C C C C C C C C C C C C C C C	AV BLOCK 3 ATTRIAL FIRST ATTRI	I L I L I L I L I L I L I L I L I L I L	DIT   Control	CM3 C C C C C C C C C C C C C C C C C C C	M4 M
EXTRICATION IFYPERVENTILATE ALL 12 LEAD BLOOD DRAWN CARD AC MONITO OARD OVERSION DEFIRSILLATION GLUCOMETER MAST INFLATED NEBULIZER NG-TUBE	STREAT CM1	CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRA NT SECONDAR  IV IV IO LOCK LOCK COMBI TTJI ET TURF ET TURF	SURVEY TS AY SURVEY 4 .2 .1 .222222	2M1 2M7 CM7 CM7 CM7 CM7 3+ U	CAN	CREW MI  CRE	3 3 3 3 3 4 5 5 6 6 6 7 7 7	X P D D D D D D D D D D D D D D D D D D	A A A A A A A A A A A A A A A A A A A	SA CMITIVAN CMI ENADRYL CMI RETYLUM CMI ALCIUM CMI HARCOAL CMI 25 CMI 10 ET	CM2 CM3 CM3 CM2 CM3 CM2 CM3	AVELOCK 3 AVELOC	I L I L I L I L I L I L I L I L I L I L	DINO VERT   Prof.	CM3 C	M4 M
EXTRICATION IFYPERVENTILATE ALL 12 LEAD BLOOD DRAWN CARD AC MONITO OARD OVERSION DEFIRSILLATION GLUCOMETER MAST INFLATED NEBULIZER NG-TUBE	STREAT CM1	CM1 CM2 CM3	CM4 CM4 CM4	PRIMARY S FESTRA NT SECONDAR  IV IV IO LOCK LOCK COMBI TTJI ET TURF ET TURF	SURVEY TS AY SURVEY 4 .2 .1 .222222	2M1 2M7 CM7 CM7 CM7 CM7 3+ U	CAN	CREW MI	0 0 0 1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 1 5 5 5 6 6 6 7 7 7 7 8 8 8 8	X P O O E L	A A A A A A A A A A A A A A A A A A A	SA CMI- TIVAN CMI ENADRYL CMI ICARIB CMI RETYULUM CMI HARCOAL CMI 25 CMI COMPAZINE CMI 26 CMI COMPAZINE CMI 10 ET CM	CM2 CM3 C CM3 C CM2 CM3 C C CM3 C CM3 C C CM3 C C CM3 C C CM3 C C C CM3 C C C C C C C C C C C C C C C C C C C	AV BLOCK 3 ATTRIAL FIRST ATTRI	I L I L I L I L I L I L I L I L I L I L	DIRO VE	CM3 C	M4 M